

**MIAMI-DADE COUNTY OCED FY 2005
ACTIVITY SUMMARY FOR PRESENTATION TO
COMMUNITY ADVISORY COMMITTEES**

Please submit one (1) form for each proposed activity.

AGENCY NAME: _____

CONTACT PERSON (NAME AND TITLE: _____

PERSON TITLE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____ E. MAIL: _____

APPLICANT ADDRESS: _____

ACTIVITY TITLE: _____

TYPE OF ACTIVITY:

- ☐ HOUSING
- ☐ PUBLIC SERVICES
- ☐ HISTORIC
- ☐ ECONOMIC DEVELOPMENT
- ☐ CAPITAL IMPROVEMENT

LOCATION OF ACTIVITY (ADDRESS OR FOLIO NUMBER): _____

CITY: _____ ZIP: _____

ACTIVITY DESCRIPTION:

LIST THE COMMISSION DISTRICTS THE ACTIVITY WILL SERVE (1 thru 13): _____

INDICATE THE FUNDING SOURCE APPLYING FOR;

- ☐ CDBG
- ☐ HOME
- ☐ SHIP
- ☐ SURTAX
- ☐ ESG

AMOUNT OF FUNDS REQUESTED FOR FY 2005: \$

TOTAL PROJECT COST: \$

The form must be completed for each proposed activity and faxed to: Mr. Zafar Ahmed, Director CD Division at OCED, Fax (305) 372-6304